

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	/						51							
2		/					52							
3		/					53							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3						TOTAL IND.							
TOTAL DEP.	11						TOTAL DEP.							
TOTAL CLAIMS	14						TOTAL CLAIMS							